SICIANS should occupation is Registration Dist. No. PHYSICIANS -Ward) RECORD 0 PERSONAL AND STATISTICAL PARTICULARS PERMANENT statemen EXACTLY 16 DATE OF DEATH SEX 5 SINGLE, MARRIEO. Mars WIOOWEO, QUIDNI (Month) Write the word) 6 DATE OF BIRTH alive on may m (Day) (Year) 7 AGE If LESS than Class pinous f dayhrs. OR mio. ? properly BOCCUPATION (a) Frade, profession, or House INK (b) General nature of industry, supplied. pe business, or establishment to (Duration) may which employed (or employer) -----Contributory certificate. 9 BIRTHPLACE (Secondary) (State or country) mal that 10 NAME OF FATHER (Signed) 0 10 MARQIN back 11 BIRTHPLACE terms, (State or country) Pinous PAREN 00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions OR RECENT RESIDENTS) 13 BIRTHPLACE 드 At place OF MOTHER In the (State or country of death _____ yrs. ___ mos. ___ ds. DEATH State Where was disease contracted, 14 THE ABOVE IS TRUE TO if oot at place of death?.. ō Former or Item usual residence. ō mportant. 19 PLACE OF BURIAL OR REMOVAL Every 15 20 UNDERTAKER REGISTRAR

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Ilf death occurred in a hospital or Institution. give its NAME lostead

of street and number.] MEDICAL CERTIFICATE OF DEATH (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at 235 *State the DISEASE CAUSING DEATH, or, in desths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekccpers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic oma. Sarcoma. etc., of .. "Contributory." mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HYCFIVED
JUN 2 1913
BUREAU, V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR T. B. No. 1.

Village or City Armafisher Ma (No. 190	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 25 191.3 (Month) (Day), (Year)
S DATE OF BIRTH Fleb 22 nd 1868, (Month) (Day) (Year)	that I last saw have alive on May 1913.
TAGE 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BERTHPLACE (State or country)	Contributory Exhaustion ds. (Sgeondary)
10 NAME OF FATHER Wesley Belt 11 BIRTHPLACE	(Signed) Sala (Address) Than applicable
OF FATHER (State or country) West rules Mediate or country) West rules Mediate of Mother Mother fisher 13 BIRTHPLACE (State or country) West rules Mediate or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) albert Belt Brother	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 40 clay M 15 Filed May 24, 1913 Ams Melch REGISTRAR	19 PLACE OF BURIAL OR REMOVAL ALLE AND ALLE ADDRESS A ARABAM S ALLE ADDRESS ALLE ADDRESS ALLE ADDRESS ALLE ADDRESS ALLE ADDRESS ALLE ADDRESS
If more blanks are needed, address State Registrar	A. C. COLLEGE CONTRACT

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

"Collapse." "Coma," "Convultions," "Debility" ("Conample: Mcastes (disease causing death), 29 ds.; such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accioma. Surcoma. etc., of __ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of ... (name origin; "Can State cause for Examples:



PHYSICIANS should state of OCCUPATION is very PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS See Instructions on back of PLAINLY, WITH Every Item of information CAUSE OF DEATH In plai Important. County Come Countel 6084

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Versu (No,	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME Boy	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day (Year)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from May / 7, 191 3, to // 191 3, that I last saw h / M silve on // 191 3
7 AGE if LESS than 1 day,hrs. yrs	and that death occurred on the date stated above, st. 5, 304m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Otrangulation mos sa
9 BIRTHPLACE (State or country) Mary land 10 NAME OF FATHER GROVEN C. Boyen	Contributory & elayed delivery thea secondary in a breed presentation yrs more ds. (Signed) A Carmond M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos. ds. State yrs, mos, ds Where was disease contracted, if not at place of death?
(Intermant) (Address) (Address) 16 Files May 17, 191 3 4. 4. E. Haslup	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LALAMAN, 1913 20 UNDERTAKER ADDRESS
If more blanks are peeded, address State Register	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statemeut. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But iu many For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic eere-brospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State eause for ctc., when a definite disease can be ascertaized as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Congeuital," "Senile," etc.), "Dropsy," "Exhaustiou," thenia," "Auacmia" (merely symptomatie), "Atrophy," mere symptoms or terminal eouditions, such as "As ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. childbirth or misearriage as "Puerperal septichae "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of (seeoudary or intercurrent) Never report the head For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. At the certificate is essential and must be obtained before the certificate is a second of field.

JUN 3 1913 BUREAU, V. S.

Dan! the

AUG 1 1918
BUREAU. V.S.

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FOR BINDING

MARGIN RESERVED

	1 PLACE OF DEATH 608	5/	STATE OF MARYLAND
C	ounty		CERTIFICATE OF DEATH
v	illage or City Frankeld (N	à.c	a. Co. Ind. Registered No. If death occurred in
	(N	0	Ward) [If death occurred in a hospital or institution, give its NAME instead
	² FULL NAME & mm	a 1	Brooks of street and number.]
	PERSONAL AND STATISTICAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH
3 SE	Ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWS, OR SUPPOSES (Write the word	lingle	Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH ALLY WORTH ALLY (Day)	, 1. 890	May / 19 3. On a /22. 1 2
TAG	GE .	II LESS than 1 day,hrs.	and that death occurred on the date stated above, at
	22 yrs. 19 mos. 3 ds.	1	The CAUSE OF DEATH* was as follows:
(a)	OCCUPATION OT House Warficular kind of work	vole	Interculous -
bus	General nature of industry, iness, or establishment in the employed (or employer)	onke	Juhum alis (Duration) yrs. 2/mos. ds.
981	RTHPLACE tate or country) Manyla	nd	Contributory (Secondary)
	10 NAME OF Sam Br	who	(Signed) Wielrary & Cott, M. D.
YTS	11 BIRTHPLACE OF FATHER (State or country)	. 1	may 191 3 (Address) destes Bay, mg.
PARENT	12 MAIDEN NAME OF MOTHER	ma.	State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT, RESIDENTS) Al place In the of death yrs
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOW	EDGE	Where was disease contracted, if not at place of death?
	(Interment) Dan Galfer	un	Former or usual residence
	(Address) Spainfield-9	a.Co.lug	18PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	ed May 21=13 Dro. B. J.	THE MAN	Survivae Brosch tray 23 1913. 20 UNDERTAKER ADDRESS
	Off more blanks are needed, address State		B. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In an except to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Sepile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse," "Coma," "Convulsions," "Debility" ("Conample: Mcasles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Sarcoma. etc., of ____ The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for

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JUN 12 1918 BUREAU, V.S. of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in piain terms, so that it may be properly classified. Exset statement of OCCUPATION is very

See Instructions on back of certificate.

CAUSE OF I

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RECORD

PERMANENT

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INK-THIS

UNFADING

Village or Gity 3 24 district (No. 2 FULL NAME Leather Earthr	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2/ [If death occurred to a hospifal or institution, give ifs NAME lastead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDER, WITH the word) 8 DATE OF BIRTH Oct. 18 1912	16 DATE OF DEATH May (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from May 9, 1913, to May 13, 1913.
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 3 20 pm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment to which employed (or employer)	Clouty Intestinal Intornea 404 (Duraffen) yrs. mes 4 ds.
9 BIRTHPLACE (State or country) arm arundel Co. ma	(Secondary) (Quantity) (Quantity) (Quantity) (Quantity) (Quantity) (Quantity)
10 NAME OF Edirin Chesty Brooks	(Signed) fames S. Bellingsleg, M. O.
OF FATHER (State or country) Pensay brania.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-
13 BIRTHPLACE OF MOTHER Bell timor My.	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. Stafe yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant, Myrtle Causey.	Where was disease contracted, If not af place of death? Former or usual residence
Filed May 13 , 1913 - J. S. Bellingsler REGISTRAR 15 Proceed - REGISTRAR	Magothy M. C. Churry May 15, 1913 20 UNDERTAKER ADDRESS Denny & armstrong Baltimor Mod

armstrong If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwbo have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal frever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ample: Measles (disease causing death), 29 ds.. valvular heart disease; Ohronic interstitlal nephritis nant neoplasms) : Measles; Whooping cough; Chronic dent; Revolver recound of head-homicide; Poisoned sucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," childbirth or miscarriage, as "Puerperal septicharcause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma. Sarcoma. etc., of _ ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, totanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," etc. State cause for (name origin: "Can-Examples: For vio

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STEE GHAT

RECORD

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of lagrangian	USE OF DEATH In pl	portant. See Instruction
0	CA	E

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County..... Registration Dist. No. Ill death occurred in Village or City. St:....Ward) a hospital or institution, give its NAME inslead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw hand alive on? (Day) (Year) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at 4 1 day,hrs. The CAUSE OF DEATH * was as follows: OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) ENTS 11 BIRTHPLACE Mergy OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted. If not et place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—In all causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts

childbirth or miscarriage, as "PUERPERAL scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as mia," "Tuerperal peritonitis," mus," "Old Age," "Shock," 'Traemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report ht; Revolver wound of head-homicide; Poisoned The contributory may be stated under the head of (Recommendations on statement of (secondary or intercurrent etc. State cause for (name origin; "Can Examples:



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(Address) -

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in Village or City. St:----Ward) a hospital or institution. give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIEO. WIOOWEO. Month) (Day) OROIVORCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day, hrs. The CAUSE OF DEATH OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory BIRTHPLACE (Secondary) (State or country) (Duratlet 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ____ mos. ___ ds. State yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS TRU If oot at place of death?. Former or usual residence.

191

(Year)

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as statement. material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc... Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purperal scotichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritle nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ "Contributory." Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Never report Examples: For vio-



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STATE OF MARYLAND PLACE OF DEATH 6089CERTIFICATE OF DEATH Registration Dist. No [it death occurred in a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULAR 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE SEX MARRIED, WIDOWED. (Month) (Day) Write the word) HEREBY CERTIFY, That I attended deceased from 85 (Month) (Year) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) certificate. ⁹BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER of terms, n back 11 BIRTHPLACE FNH OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-50 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ___ mos. ___ ds. State Where was disease contracted. It not at place of death? Former or usual residence mportant. DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulbeen changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septichargenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronical ver" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of .. The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V. S.

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EXACTLY. PHYSICIANS should state	statement of OCCUPATION is very	1
ACE should be stated E	properly classifled. Exact	
N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	important. See instructions on back of certificate.

Go	unty Amer Assunded	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.20	
VI	11age or City Harwal (No. 1)	Elt death occur	titution Instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3 SE 7 6 DA	ATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Yes 17 I HEREBY CERTIFY, That I attended deceased (Month) (Day) (Yes	,
(a)	(Month) (Day) (Year) SE II LESS than 1 day, hrs. OR min.? CCUPATION Trade, profession, or licular kind of work.	and that death occurred on the date stated above, at	m
(b) busin	General nature of industry, ness, or establishment in the employed (or employer) THPLACE ate or country) Manylouse 10 NAME OF	Contributory (Secondary) (Duration) yrs. mos.	
ARENTS	11 BIRTHPLACE OF FATHER (State or country) & ACD, Manyland 12 MAIDEN NAME OF MOTHER	(Signed)	M. D.
P/	13 BIRTHPLACE OF MOTHER (State or country) ARCO, Maryhaw	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIT OR RECENT RESIDENTS) At place In the of death	
	Interment) Homes Hillow	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	*********
15 File	(Address) Address Address Address State Registrar, 6	Daniel Star Combry May 25, 18 20 UNDERTAKER WINDERTAKER WINDERTAKER WINDERTAKER WINDERTAKER	11.3 -/2

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement. the nature of the business or indust, i, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, It is necfirst line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrereal schichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genital," "Senile," etc.), "Dropsy," "Exhaustion," "Tart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencia. schsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Traemia," "Weakness," (name origin; "Candeath), 29 ds.: Examples: 10

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 7 1913 BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN W. S. No. 1.

PLACE OF DEATH 6091	STATE OF MARYLAND
County Clane arundel	CERTIFICATE OF DEATH
	Registration Dist. No. 2/
Village or City Wellsview (No. 2 of	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
FULL NAME Ellen Celust	Set street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED	16 DATE OF DEATH May 17, 1913. (Month) (Day) (Year)
PLANTE WWW (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
Opril 7, 19/3 (Month) (Day) (Year)	that I last saw h
⁷ AGE if LESS than	and that death occurred on the date stated above, at 3 P. m.
yrs. / mos. / o ds. ormin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Mortis Insufficiency
(a) Trade, profession, or particular kind of work	he between the
(b) General nature of Industry,	No physician allendani
business, or establishment in which employed (or employer)	Couration) yrs. mos. ds.
(State or country) a. a. Co. md	Contributory (Secondary)
10 NAME OF Frank Celustka	(Signed) MS Elgh , M. D.
11 BIRTHPLACE OF FATHER	May 18, 1913. (Address) Umapoli, mb
(State or country) Morava, Unitra	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
12 MAIDEN NAME OF MOTHER PARTY	TAL, SUICIDAL, OF HOMICIDAL. 1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR REGENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It oot at place of death?
(Interment) Frank Celustica	Former or usual residence.
(Address) a.a.Co, md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Charles 1	Wellovier a. a. G. ma May 9, 1813
Filed May 9, 1913 MEGISTRAR	29 UNDERTAKER ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISTASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc... Carcin-

-Heart failure," "Haemorrhage," "Inanition," "Maras-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Puerperal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.: oma. Surcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples:



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Important. CAUSE

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plain instructions

1 PLACE OF DEATH STATE OF MARYLAND 6093 CERTIFICATE OF DEATH Registration Dist. No. 2/2 Ilf death occurred in Village or CityWard) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OB RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. 1913 WIDOWED, (Day (Year) ORDIVORCED (Write the word) (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) (// //) BIRTHPLACE Secondary . (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in waths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the ot death yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. TRUE TO THE BEST OF MY MNOWLEDGE If not at place of death? Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," pneumonla"); Lobar pneumonia; Bronchopneumonia brospinal menlugitis"); Diphtheria (avoid use term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Cronp";) Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemic cere-Typhoid unqualified, is indefinite): Tuberoufever (never report "Typhoid Carcin-

> valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronie cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated nuder the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

Here for the standenty fled. If this certificate is looked over thoroughly and all queswill prevent further correspond-

BUREAU, V. S.

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3 1913

HA-CHI-WHA BUREAU, V. S.

PHYSICIANS should state of OCCUPATION is very RECORD Every Item of information should be carefully supplied. AGE should be stated EXACTLY. ICAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. PERMANENT BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

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Record Consider	CERTIFICATE OF DEATH
County Command	Registration Dist. No. 22
Village or City Odenton (No. 2)	St.;—Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (A) (Mith) (Day (Year) (A) (The property of the property of
6 DATE OF BIRTH (Month) (Day (Year)	that Mast saw ham alive on may 1 1913.
7 AGE 1 LESS than 1 day, hrs. 0 or min.?	and that death occurred on the date stated above, at 200 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 7 Maryland	(Duration) yrs mos ds. Contributory Secondary (Duration) yrs mos ds.
OF FATHER Deholas M. Draney 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 Mary Juller 15 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Informant) (Address) Auto The Best of My Knowledge	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May Voth 3 Holiday a. Show Legenty REGISTRAR	Paethel In E. Church Gard May 2/, 1913. 20 UNDERTAKER Les. French Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

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1 DI ACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care it should be used only when needed. As examples: the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilicria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoutesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-



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No. NO.

Imaxmdel 6095 PHYSICIANS should state of OCCUPATION Is very (No..... PERSONAL AND STATISTICAL PARTICULARS statement 5 SINGLE 4 COLOR OR RACE MARRIED WHOOWER (Write the word) Exac(8 DATE OF BIRTH classified. (Day) (Month) 7 AGE properly BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, supplied. pe business, or establishment in carefully supplied that it may it certificate. which employed (or employer) -----⁹BIRTHPLACE (State or country) 10 NAME OF FATHER 20 Jo n terms, on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME DEATH in plain OF MOTHER Instructions 13 BIRTHPLACE OF MOTHER (State or country) See Every Item o CAUSE OF I (Address' 15

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 2/
57.	Dorsey. St; 3 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
\$	MEDICAL CERTIFICATE OF DEATH
mid	18 DATE OF DEATH May /8 , 1913 (Month) (Day) (Year)
, 1879 (Year)	that I last saw her alive on May 17 1913.
day,hrs.	and that death occurred on the date stated above, at
	Gentributory Heart Tailure
ns	(Signed) Alestrone faces, M.D.
mil	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
eno md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the grant
DGE	Where was disease contracted. Belo med If not at place of death? Former or usual residence. Belo med
7 -	Obbuy Comb - Date of Burial 20 UNDERTAKER ADDRESS ADDRESS
ate Registral	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If more blanks are needed, address State B

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[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative Lealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (d)

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pulberbral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Convulsions," "Debility") ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronical ver" is less definite; avoid use of "Tumor" for mailg cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. "Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never repor oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) (name origin; "Can State cause for Examples:



Village or City Brooklyn (No. 409) 2 FULL NAME Halter Max	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 25 [It death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
July 26 1912	1913, to May 1913,
(Month) (Day) (Tear) 7 AGE If LESS that t day,hrs OCCUPATION (a) Trade, protession, or	and that death occurred on the date stated above, at 9 7 m.
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER Ohn. Ellistt 11 BIRTHPLACE OF STREET	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Ourginea	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace In the ot death yrs, mos, ds.
(Informant) Shu & Elhott (Address) Brooklyn And 16 Filed May 19, 1913 Clariff From Registrate	Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAHOR REMOVAL DATE OF BURIAL Programmed January 19, 1913 20 UNDERTAKER ADDRESS TISLIGHTSI

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Hrusewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death along the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

mia," "l'uerpenal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measics; Whooping cough; Chronio oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1.

	Ounty Mul Mundel Village or City Brothlyn (No. # 2	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No
-	FULL NAME WASSES 97	CAMBO T
13.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	wale white Saingle, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 D	(Month) (Day) (Year)	that I lest saw howalive on May 19th, 1913.
.7 A	GE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 230 2 m, The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	OCCUPATION Of Trade, profession, or correction of work General nature of industry, siness, or establishment in nich employed (or employer)	Gontributory (Buration) — yrs. — mos. 3 ds.
RENTS	10 NAME OF FATHER Robert H. Fillmore 11 BIRTHPLACE OF FATHER (State or country)	(Secondary) (Buration) yrs mos ds. (Signed) Address) Address Address Address Address Paul Paul Paul Paul Paul Paul Paul Paul
PARE	12 MAIDEN NAME Maggie Gillmore 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14	(Informant) Roff + Fillmon (Address) Browle	Where was disease contracted, If not at place of death? Former or usual residence. 19 place of Burial or Removal Loedar Wiel Ma, 2 z., 191 3
F	lled May 21, 1913 Change of Brooks	Ormstrong Sum & Dalling
1	If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duffes of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necmaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltai," "Senile," "etć.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Ohronio cer" is less definite; avoid use of "Tumor" for maligmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of terminal conditions, such as "As-__ (name origin; "Candeath), 29 ds.;



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pigin terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

MARGIN RESERVED FOR BINDING

	1 PLACE OF DEATH 6097	STATE OF MARYLAND
County	Muse Unundel	CERTIFICATE OF DEATH
Village	FULL NAME Sufant of John ?	Registered No. 23 Registered No. 23 [If death occurred a hospital or institution give its NAME instead of street and number.
,	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	de White Single, widowed, widowed, with the word)	16 DATE OF DEATH MAY St., 1916 (Month) (Day) (Year)
6 DATE O		17 I HEREBY CERTIFY, That I attended deceased from 1913, to May 18 1913, 1913 that I last saw hereally on May 18 18 1916
7 AGE	yrs mos. /2 f ds. or min.?	and that death occurred on the date stated above, at 1.30 P. The CAUSE OF DEATH* was as follows:
particular (b) Genera business, which empi	profession, or kind of work	(Duration) yrs. — mos. /2 (Secondary)
11 B (St 12 M	AME OF FATHER FORM FRAULIN FRINCH, IRTHPLACE OF FATHER (RETE OF COUNTRY) Dathinore May OF MOTHER CAPPIE BENDET IRTHPLACE OF MOTHER CAPPIE BENDET IRTHPLACE OF MOTHER ARE OF MOTHER RETE OF COUNTRY)	(Signed)
14THE A	Address) 217 Hawouls & Batto	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Lear fall 20 UNDERTAKER ADDRESS

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the disease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchogneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. "Contributory." injury, as fracture of skull, and consequences (e. g., cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritic nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligample: Measles (disease causing affection need not be stated unless important. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 ds.; For VIO-



Very CERTIFICATE OF DEATH 6098 PHYSICIANS should of OCCUPATION IS Registration Dist. No fit death occurred in a hospital or institution. RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY 5 SINGLE. 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. arreed WIDOWED, / BINDING Month) Write the word) I HEREBY CERTIFY, That I attended deceased from Exact 8 DATE OF BIRTH classified. (Month) (Day (Year) d If LESS than 7 AGE and that death occurred on the date stated above, at should 1 day hrs. S was as follows: OR ? properly BOCCUPATION (a) Trade, profession, or INK particular kind of work. (b) General nature of industry, supplied. pe business, or establishment in ADING may which employed (or employer) Contributory. certificate. 9 BIRTHPLACE (Secondary) (State or country) carefully that it 10 NAME OF FATHER 80 0 pe 11 BIRTHPLACE back terms, ARENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT uo CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE __ At place In the OF MOTHER (State or country) ot death ____ yrs. ___ mos. ___ ds. DEATH State _____ yrs, ____ mos. Where was disease contracted. See if not at place of death? Jo Former or Every item CAUSE OF usual residence mportant. DATE OF BURIAL 15 DDRESS m REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons (b)

Statement of cause of death—Name, first, the disease causing death—Item and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

injury, as fracture of skuli, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic zer" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN No. 1.

30

	PLACE OF DEATH 6099	STATE OF MARYLAND			
	County anne arundel	CERTIFICATE OF DEATH			
	Village or City S. Bulhmore (No. 13,	Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead			
	FULL NAME August Henr	y Grachel of street and number.]			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3	male Hhite 5 single, Married or hite (Write the word)	16 DATE OF DEATH MAY 26, 1913. (Month) (Day) (Year)			
6	DATE OF BIRTH (Month) (Day) (Year)	May 24 1913 to May 26, 1913, that I attended deceased from the last saw him alive on May 25, 1913.			
7	AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at 6.30 a, m.			
	68 yrs. / mos. /3 ds. ORmin. ?	The CAUSE OF DEATH * was as follows:			
	occupation (a) Trade, profession, or particular kind of work Carpenter	nephritis 1			
	business, or establishment in which employed (or employer)	(Duration) Turknown mosds.			
11 -	SIRTHPLACE (State or country) Germany	(Secondary) (Secondary) (Secondary)			
	10 NAME OF ROTHER Roth Known	(Signed) The Button yrs. mos. M. D.			
	11 BIRTHPLACE OF FATHER (State or country) Not Known 12 Maiden Name OF MOTHER OF MOTHER	*State the Disease Causing Death, or, Auril Bay William			
	12 MAIDEN NAME OF MOTHER Role Known	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.			
	13 BIRTHPLACE OF MOTHER (State or country) Rof Known	OR RECENT RESIDENTS) At place In the of death yrs mos ds.			
1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?			
	(Interment) Mary C. Suche	Former or usual residence.			
_	(Address) 13 Falbert 21	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
1	Filed May 27 1913 Thom By Storton m &	20 UNDERTAKER ARMSTRONG-DENNY CO. 7/5Lish& SL			
=	If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Balto que				

[Approved by U. S. Census and American Public Health Association.]

statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fart may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons (e)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, perstonaeum, etc.. Carcin-

sepsis, tetanus) injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrement scottchaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), thenia," "Anaemia" (mereiy symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vro--Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary). 10 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds. may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples:



UNFADING INK-THIS

RECORD

PERMANENT

carefully supplied. AGE should be stated EXACTLY.

Every Item of Information should be of CAUSE OF DEATH in plain terms, so

1. ż

WRITE PLAINLY, WITH

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very certificate. See Instructions on back of important.

6100 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 93

v	*FULL NAME Marie Soft	St.; Ward)	[If death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3 SI	ATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I at New Sign to that I last saw has allye on the same all the same allye on the same all the same all the same allye on the same all th	(Day), (Year) tended deceased from
7 A		and that death occurred on the date stated ab The CAUSE OF DEATH* was as follows:	ove, at 1200 m
(a pa (b) bus wh	Trade, profession, or ricular kind of work	(Duration) Contributory (Secondary) (Signed) (Signed) (Address)	yrs mos ds
PAREN	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	2) whether Acciden-
16	(Interment) May Described Dielling Diel	They Redeemer 1	PARLES DATE OF BURIAL May 23, 1913. DDRESS BURIAL

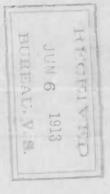
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Acation, as Day laborer, Farm laborer, Laborerduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will he sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Freelse statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock." "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Collapse." "Come," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds .: affection need not he stated unless important. valvular heart disease; Chronic interstitlal nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can-State cause for Never report Examples:



OTOT	6	1	0	1
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1 PLACE OF DEATH

May 12,1913

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[It death occurred in a hospital or institution, give its NAME instead

..m,

ADDRESS

1/ Lembine

	*FULL NAME James W. Fr	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Sevel Sleet (Write the word)	16 DATE OF DEATH MAY 1913 (Monda) (Day (Year)
e D	ATE OF BIRTH Abrul 25, 1913 (Month) (Day (Year)	that I last saw h.lon alive on April 1 attended deceased from the last saw h.lon alive on April 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 A	O yrs O mos 23 ds. If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 8:30 P. m. The CAUSE OF DEATH* was as follows:
(a pa	OCCUPATION) Trade, protession, or ricular kind of work	Fremolin bisth
bus	General nature of Industry, siness, or establishment in ich employed (or employer)	(Ouration) yrs mos 23 ds
	IRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF COUNTRY OF COUNTR	Contributory Secondary (Duration) yrs
ARENTS	11 BIRTHPIACE OF FATHER (State or country)	May 12, 1913 (Address) McKendree, Mel.
PAR	13 BIRTHPLACE	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
	OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. Croy	ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at piace of death? Former or
	(Address) haceys Landry, hu	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

8

[Approved by U. S. Census and American Public Health Association.]

statement. applies to each and every person, irrespective of age. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. been changed or given up ou account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Coutributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras geuital," "Seuile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing (Recommendations ou statement of (secondary), 10 ds. "Dropsy," "Exhaustion," death), 29 ds.; Never report For vio-



STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iddefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ "Heart fallure," "Haemorrhage," "Inanition," "Maras The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HECHIVED

JUN 7 1918

BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH 6103	STATE OF MARYLAND
. Chine arundil - 1	CERTIFICATE OF DEATH
Gounty	21
11:11	Registration Dist. No.
Village or City (No	St.; Ward) [If death occurred in
7	St.; Ward) a hospital or Institution give Its NAME Instead
Edund Ha	of street and number.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MASS
MARRIED, OVERSON	(Month) (Day) (Year)
OROIVORCEO (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
13. 1844	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h alive on
7 AGE If LESS than	and that death occurred on the date stated above, at
1 day,hrs.	The CAUSE OF DEATH * was as follows:
(a) Frade, profession, er	Weart Hailure
particular kind of work	no klysivin in allendani
(b) General nature of industry,	
business, or establishment in which employed (or employer)	ds.
	Contributory
BIRTHPLACE (State or country) Masyland	(Secondary)
10 NAME OF	(Duration) vrs mos dos
FATHER Casil & Hall.	(Signey) M. D.
V 11 BIRTHPLACE	They go, 191,3 (Address) Millersone mel
11 BIRTHPLACE OFFATHER (State or country) Maryland 2 12 MAIDEN NAME 7 OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME 7.	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDEN-
of MOTHER Margaret Davidson	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Washington D.C.	At place In the of death yrs mos ds. State yrs mos ds.
	of death yrs mos ds. State yrs mos ds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If oot at place of death?
informent) 6 acourse 17 acc 1	Former or usual residence
Willowardso md	10
(Address)	Al Xlobbe livel - herela a
16 Man a 20 O Story	
Filed 191	
DERLY REGISTRAR	7. 1. Williams Hon Walesbury
If more blanks are needed, address State Registral	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purrersal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," in art failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchonneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowin ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... injury, as fracture of skuli, and consequences (e. g., The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of ... (name origin; "Can etc. State cause for "Exhaustion," Examples: For vio-

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JUN 7 1913 BUREAU, V. S. PERMANENT

Statement of OCCUPATION is very

stated EXACTLY.

properly classified.

of information should be DEATH in plain terms, a See instructions on back

Every Item CAUSE OF Important.

1 ż

702

RECORD

County Dans Range 61 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20.

I'll death occurred in

FULL NAME Frederico Hal	give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Acle Cloud Single, Married, Suigle Widowed, Ordivorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	May 2 (2, 1913, to May 30, 1915, that I last saw have alive on May 24, 1915
7 AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	(Quration) yrs. mos. ds. Contributory (Secondary) (Duration) yrs. mos. ds.
10 NAME OF FRATHER FLEGER & PAHCLES 11 BIRTHPLACE OF FATHER (State or country) Many and 12 MAIDEN NAME OF MOTHER OF ACTAL Housen	(Signes)
of Mother Charity Thuson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant), Office the BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 15 Elled Ling II. 1912 Charace Caca Registrar If more blanks are needed, address State Regis trar, 6	20 UNDERTAKER GOOW Sufly MA

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has As examples: For persons (6)

Statement of cause of death—Name, first, the diberase causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Turrental septichaemus," "Old Age," "Shock," "Traemia," "Weakness," cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc., when a definite disease can be ascertained as the genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF ES probably "Hart fallure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ Bronchopncumonia (secondary), 10 ds. Never repor The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," etc. (name origin; "Can State cause for Examples: 10



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Village or City PLACE OF DEATH 6092 County Church Church 6092 Village or City Place Start Star	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, DEDIVORCED (Write the word) (Month) (Day) (Year) 7 AGE	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from May 13, 191 3 to May 28, 191 3, that I last saw h S.A. alive on May 27, 191 3 and that death occurred on the date stated above, at 3, m,
TO yrs. X mos. X ds. OR min.?	The GAUSE OF DEATH* Was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	(Duration) yrs. mos. ds. Gontributory (Secondary) (Duration) yrs. x mos. 3 ds. (Signed) yrs. x mos. 3 ds. (Signed) yrs. x mos. 3 ds. (Address) Parmwella yro.
11 BIRTHPLACE OF FATHER (State or country) Mericoron 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Mericoron 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed May 29, 1913 May Melch	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) At place of death yrs. X mos. 3 ds. State yrs. mos. ds Where was disease contracted, it not at place of death? Former or usual residence Transferrance to many length and the place of Burial or Removal Date of Burial 19 place of Burial or Removal Date of Burial 29 QNDERTAKERS ADDRESS
If more blanks are needed, address State Regis trar, 6	D. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter. applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," If the occupation has As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 affection need not be stated unless important. oma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

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PUREAU, V. S.

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH 6105	STATE OF MARYLAND
ann a old	CERTIFICATE OF DEATH
County Come Counter	Registration Dist. No. 21
Village or City M. MargarelyNo.	St.; Ward) [If death occurred a hospital or Institution of the Man
* FULL NAME Baby Hay &	give its NAME instered and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Fran 27 1913
Aug Black (Write the word)	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH May 27 1913	, 191, to, 191, 191
(Month) (Day) (Year)	that I last saw halive on,191
7 AGE If LESS than	and that death occurred on the date stated above, at
1 day,hrs.	The CAUSE, OF DEATH * was as follows:
yrs. mos. ds. OR min.?	Stel bush
(a) Trade, profession, or parficular kind of work	
(b) General nature of Industry,	
business, or esfablishment in which employed (or employer)	(Ouration) yrs. mos. ds
	Contributory
(State or country) & margarety	(Secondary)
10 NAME OF	(Deration) yrs mos ds
FATHER Perry Pays	(Signed)
O 11 BIRTHPLACE	Jacke 2, 191 3. (Address)
Z OFFATHER (State or country) Any land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
MA 12 MAIDEN NAME OF MOTHER OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a or mother of the try is	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE	Af place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant)	Former or
to de of Maria	PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address)	/h m
15 1 megm/-/	20 UNDERTAKER ADDRESS
Filed June 2, 1913 7 1800	20 UNDERTAKER / ADDRESS
REGISTRAR	1 rone
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typholog pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis

injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scottchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis pant peoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... er" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never repor Examples:



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	N. BEvery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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	1 PLACE OF DEATH	STATE OF MARYLAND
-	6106	CERTIFICATE OF DEATH
Co	ounty	a /
	O I Della Mariana	Registered No.
v	illaga as city (Manapolis 14	Hanover St. Ward handled occurred li
	mage of City. A. C.	a hospital or Institution give its NAME Instead
	Pial	of street and nomber.]
	*FULL NAME // March	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8 8	X 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH THOUSE & Subposedly 01 2
2	In T WIDOWED, Strigte	(Month) (Day) (Year)
-	(Write the word)	17 I HEREBY CERTIFY, That I wounded the control from
6 D	ATE OF BIRTH	that the deserge of the
	(Month) (Day) (Year)	that I last saw h alive on the Live of 191
TAC		
, A.	1 day,hrs.	and that death occurred on the date stated shove, at
	29 yrs. mos, 22 ds. OR. min.?	Mas Sulved for
	CCUPATION P 1 0, 0° 10	1 1000
	Trade, profession, or seemed of work seemed of by	Thooting
(b)	General nature of industry,	
	ness, or establishment in ch employed (or employer)	(Ouration) yrs. mos. ds.
-	RTHPLACE	Contributory
(8	tate or country) Jou Rada Vorca	(Secondary)
	10 NAME OF	(University) 475 most ds.
	FATHER Mulenown	(Signed)
S	11 BIRTHPLACE	,191 (Address) Caroner
z	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
ARENT	12 MAIDEN NAME	TAL, SUICIDAL, OF HOMICIDAL.
4	OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	OF MOTHER (State or country)	of death yrs. mos. ds. State yrs. mos. ds.
14 _T	HE ASOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) (((())) Storen of	Former or
	nedical Das Lector. RA	usuai residence.
	(Address) 26 Phavalacade	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	the is howen !!	100 Nodge Lowa May la, 1913.
File	May 12 1913 Amg Welch	Top & Laules Lors ADDRESS
	REGISTRAR	July muneyens
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ma

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Acation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marus. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds., affection need not be stated unless important. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (name origin; "Can-Examples:



[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 12 1918
BUREAU, V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

PLACE OF DEATH 6108	STATE OF MARYLAND
County L	CERTIFICATE OF DEATH
Village or City amapoles (No. 108	Registration Dist. No. [If death occurred in a hospital or institution
* FULL NAME Frank B.	sefferson give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wisoweb, Orbivorcep (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17) THEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH Nov (Day) (Year)	that I last saw have allow on May 22 , 1913.
7 AGE 2/ yrs. 6 mos. 2/ ds. or. min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or Plasterer officials	Check and Bagain
(b) General nature of industry, business, or establishment in which employed (or employer)	Gontributory Buful, Process
10 NAME OF FATHER John Juffersum	(Signed) . (Duration)
OFFATHER (State or country) Tallerwore Ind 12 MAIDEN NAME OF MOTHER Anna 13 sitton	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) John J. Jefferson	If not at place of death? Former or usual residence.
16 Filed May 28, 1913 Jm & Welch	19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

such, if impossible to determine definitely. cblidbirth or miscarriage, as "Purrerral septicharetc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chrowing er" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of . "Contributory." Accidental drowning; Struck by railway train—acci-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Cau "Exhaustion," Examples: cause for For vio-



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7. S. No. 1.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH manne Registration Dist. No. Ilf death occurred in St.:....Ward) a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 5 SINGLE. 3 SEX (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. DEATH* was as follows: OR. min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death (State or country ... yrs. mos. State Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL (Address)..... 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has "Foreman," (%)

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HECELVED JUN 7 1918 BUREAU, Y. S.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

¥. B.

N. B.

GOUNTY anne arundel.	STATE OF MARYLAND CERTIFICATE OF DEATH
ounty	Registered No. 2
Village or City 3 2d destrict (No. 2)	St; Ward) [If death occurred to a hospital or institution, give its NAME lostead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. While Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH May 10, 1913 (Youth) (Day) (Year)
Sept. 11 1894 (Month) (Day) (Year)	May 1913, to May 20, 1913, that I last saw h in alive on May 20, 1913.
7 AGE 18 yrs 8 mos. 9 ds. 1 LESS fhan 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2 P. m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment to which employed (or employer) BIRTHPLACE (State or country)	Ouration) yrs. mos. 2.6 is.
10 NAME OF Lear Je Just. 11 BIRTHPLACE (State or country) anne arendel 6. Ind	(Secondary) (Duraflon) (Signed) (
12 MAIDEN NAME Margerate Health. 13 BIRTHPLACE OF MOTHER (State or country) anne arendel to ma	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where wes disease confracted,
(Intermant) Mrs. Learge Just (Address) Chalon Md.	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Robs. Hich Burial Lound: May 22 1913 3 19 deat. Anne Grandel 6 May 22 1913
Filed May 21, 1913, James J. Bellingsleg REGISTRAR	Rober Hill Burial Sound: May 22 1913 20 UNDERTAKER Denny & armstrong. Ballemore My
if more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla. "Contributory." such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purereral scotichac cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ilcart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver recound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senife." etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin: "Can-"Exhaustion," Examples: For vio-

STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may he indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUEBPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childhirth or miscarriage, as "Puesperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may he stated under the head of (Recommendations on statement of (name origin; "Can-Examples: For VIO-



BINDING FOR RESERVED MARGIN

tated EXACTLY. PHYSICIANS should state Exact statement of GCCUPATION is very RECORD PERMANENT be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. UNFADING INK-THIS IS WITH Every item of information CAUSE OF DEATH in plais important. See instructions

ż

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

			7
Registration	Dist.	No	61

Fit death occurred in

٧	FULL NAME Fra Krsf	St.; Ward) n hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	EX 4 COLOR OB RACE 5 SINGLE, MARRIED, WHOOMED, OBSIDERCED (Write the word)	18 DATE OF DEATH (Monty) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
BD	(Month) (Day) (Year)	that I last saw here allyeon rue 92, 1913.
TA	GE If LESS than 1 day, &hrs. min. ?	and that death occurred on the date stated above, at
(a pa (b)	CCUPATION) Trade, profession, or ricular kind of work	Oragenia Veleticloss
bus	iness, or establishment in ch employed (or employer)	(Duration) yrs. mos 8 Was
9 B	IRTHPLACE (tate or country) and Med	Contributory (Secondary) (Doraflon) yrs mes ds.
ARENTS	10 NAME OF FATHER Tures Ard 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addre
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death
(Informant)		Where was disease confracted, If not at place of death? Former or usual residence
15 FII	ed May 13, 1913 Amg Melch REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Longly and and Command
	if more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ınus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. ample: Meastes (disease causing affection need not be stated unless important. oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can death), 29 State cause for "Exhaustion, Never report Examples: For VIO-

If this certificate is looked over thoroughly and all gnewtions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HECETVED JUN7 1913 BURBAU, V. S.

	RECORD	PHYSICIANS should state	of OCCUPATION Is very
S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Lathau (No. 2FULL NAME GLORGE & Land	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 SEX 4 GOLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH (Month) (Day) (Year) I HEREBY CERTIFY, That I attended decreased from
7 AGE (Month) (Day) (Year) 7 AGE It LESS than 1 day, hrs. 9 OCCUPATION	that I last saw ham alive on 191 and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as lollows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) (Address)	(Signed) (Buration) yrs. mos. ds (Signe
Filed. 1912 Maske awood If more blanks are needed, address State Regis trar, b	The Athomas dollar her

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia; Bronchopneumonia ("Ineumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts

genltal," ample: Measles (disease causing death), 29 ds.: such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pubbreral scotichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as tbenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," 'Traemla," "Weakness," (name origin; "Can-Examples: For vio-



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PLACE OF DEATH	STATE OF MARYLAND
6114 6114	CERTIFICATE OF DEATH
County a a a	Registration Dist. No. 22
Village or City Oclectors (No.	St.; Ward) [If death occorred in a hospital or institution, give its NAME lostead
* FULL NAME Jacob Leff	ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARRIED, Wedown On Worker (Write the word)	18 DATE OF DEATH May 3/, 1913 (Month) (Day) (Year)
6 DATE OF BIRTH (Nonth) (Day) (Year)	Upil 15, 1913, to May 314, 1913, that I last saw h in alive on May 30, 1913
7 AGE 8 6 yrs 3 mos. 23 ds. If LESS than f day,	and that death occurred on the date stated above, at 6 pm, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, er frammer particular kind ef work (b) General nature ef Industry,	Chronic Endo cardita
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Sermany	(Secondary) (Deration) yrs mos ds.
10 NAME OF FATHER DOUT KNOWN 11 BIRTHPLACE	(Signed) OHM Merras, N. D. , 191 (Address) Oolerston Med
OF FATHER (State or country) Service 4	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Germany.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
(Informant) Shules of My KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Ochenlog Med	Micholo Memorial Centres 2 191.3.
Filed June 7, 1913 Wolchyll Down, Registrar	low Coot . Cost Hord
If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers (a) Spinner, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative wealthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. who receive a definite salary), may be entered as material worked on may form part of the second the nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will he sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Dehility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "H art failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For VIO-



MARGIN RESERVED FOR BINDING

N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Ward) Full Name Services Little STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/ St; Ward) St; Ward) Full Name Services Little State Of Maryland Registration Dist. No. 2/ If death occurred in a hospital or institution give its NAME instead of street and number.]				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
AGE A COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED (Write the word) (Month) (Day) (Year) TAGE JYES. MOS. G SINGLY, MARRIED, MARRIED	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Mch. 30 1913. to May 7 1913. that I last saw h. Amalive on May 7 and that death occurred on the date stated above, at 3.30 Pm. The CAUSE OF DEATH* was as follows:			
(a) Frade, profession, or particular kind of work (b) General nature of indistry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) 10 NAME OF FATHER COUNTY 11 BIRTHPLACE** (State or country) 12 OFFATHER (State or country) 13 SIRTHPLACE** (State or country) 14 SIRTHPLACE** (State or country) 15 SIRTHPLACE* (State or country) 16 SIRTHPLACE* (State or country) 17 SIRTHPLACE* (State or country) 18 SIRTHPLACE* (State or country) 19 SIRTHPLACE* (State or country) 10 NAME OF FATHER* (State or country)	(Duration) yrs mos 3 g ds. Contributory (Secondary) (Duration) yrs mos ds. (Signed) 3 Selection M.D. 2007 8 1913 (Address) 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death			
Filed May 10, 1913 Ams Mulch REGISTRAR If more blanks are needed, address State Registra	20 UNBERTAKER ADDRESS			

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. ness. CAUSINO DEATH, state occupation at beginning of ill been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the dibease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms) ; Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Never report Examples: FOI VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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Instructions

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No fit death occurred in a hospital or institution, give its NAME Instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED. (Day) (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE Z OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT LL CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-04 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. (State or country State Where was disease contracted. It not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 6. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

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ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm-laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," -Coal (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using diways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease."); Lodar pneumonia; Bronchopticumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencia-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "H art failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chroxic oma. Surcoma. etc., of ... "Contributory." Bronchopneumonia (secondary), 10 ds. Never report ver" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resuiting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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O N O	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County.. Registration Dist. No. lif death occurred in St:----Ward) a hospital or institution. give its NAME lostead ot street and number. ? ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S AINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) If LESS than TAGE and that death occurred on the date stated above, at-1 dayhrs. The CAUSE OF DEATH* was as follows: OR mlo. ? BOCCUPATION (a) Frade, prefession, or particular klod of work. (b) Geoeral nature of Industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MIANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ___ mos. ___ ds. State _____ yrs, ____ mos, ____ ds. Where was disease contracted. KNOWLEDGE If oot at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNBERTAKER ADDRESS RECISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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PHYSICIAMS should state of OCCUPATION Is very RECORD N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. PERMANENT BINDING 4 FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH

County Anna arundel	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2/
* FULL NAME William Mey	St; Ward) [If dealh occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male While Single, Marrieo, Marrieo, Marrieo, Widowed, Orolvorced (Write the word)	(Month) (Day) (Year* 17 HEREBY CERTIFY, That I attended deceased from
© DATE OF BIRTH (Month) (Day) (Tear)	, 191 , 50 , 191 ,
TAGE CO yrs. mos. ds. OR. min.? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at
OF MOTHER (State or country) Ballunian City Ind 10 NAME OF FATHER IMPRICATE (State or country) Meknows 12 Maiden NAME OF MOTHER (State or country) Meknows 13 BIRTHPLACE OF MOTHER (State or country) Meknows 13 BIRTHPLACE OF MOTHER (State or country)	Contributory (Secondary) Clearly April 2 Contributory (Signed) Clearly April 2 Contributory (Signed) Clearly April 2 Contributory State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs, mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant, William Picolaus Hors (Address) 2646 Seshing Ors. Balli Cy 16 Filed May 13, 1913 James & Billingsley REGISTRAR If more blanks are needed, address State Registr.	Where was disease contracted, if not at place of death? Former or usual residence. 19 place of surface or removal Date of Burial May 14, 19 2 20 undertaker Urliens Neidenis + Sons 2046. Solvin are pall—Cy has ar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. It should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the hess of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerclicospinal meningitis"); Diphiherta (avoid use of "Croup"); Typhold fever (never report "Typhold neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septichacample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic Interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-hombcide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Ilcart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of . "Contributory." by carbolle acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "I'UERPERAL peritonitis," tetanus) may be stated under the head of Mivays qualify all diseases resulting from "Senlle." etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin: "Can-"Exhaustion," Examples: For vio-



	FULL NAME Addies	I help
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1 DI ACE OF DEATH

STATE OF MARYLAND IFICATE OF DEATH

Registration Dist. No

If death occurred in St.:....Ward)

a hospital or institution, give its NAME Instead of street and number.]

ADDRESS

CERTIFICATE OF DEATH 191.3 (Month) (Day Y CERTIFY, That I attended deceased from on the date stated above, at ... was as follows: CAUSING DEATH, or, In deaths from VIOLENT ANS OF INJURY; and (2) whether Acciden-ICE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. State yrs. ____ mos. __ REMOVAL DATE OF BURIAL

If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

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LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," For vio-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN No. 1.

N. B.

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	PLACE OF DEATH 6120	STATE OF MARYLAND
		CERTIFICATE OF DEATH
Co	unty	Registration Dist. No. 2/
	Proceed of	and lift death occurred in
VI	llage or City (No(No	St; Ward) a hospital or Institution,
	1 01	give its NAME Instead of street and number.)
	FULL NAME Lenne (trel	of street and number.]
-		MEDICAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS	
3 SE	MARRIED, WAS CHANNE	16 DATE OF DEATH May 3 . 1913
11	Tale Colored OPPINGRED (Write the word)	(Month) (Day) (Year)
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	Muhrionom 1	Lomille Shilly
	(Month) (Day) (Year)	that ties sty h allve on
7 AG	if LESS than	and that death occurred on the date states above, at
	Multivan 1 day, hrs. or ds. or min.?	THE OAUSE, OF BEAUTY - Was as follows:
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	ch employed (or employer)	contestautor flerelist evitas
(Si	RTHPLACE (ate or country) Muhmorov	(Mardental (Auzation) vrs mos de
-	10 NAME OF	DO A HONOR
	FATHER //	(orgines)
S	11 BIRTHPLACE	, 191 (Address) molicofthe Leon
ARENT	OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
AR	12 MAIDEN NAME OF MOTHER	
۵		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the
14	(State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
147	01	It not at place of death?
	(Informant), Musikuouru	Former or usual residence
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(AUDICOS)	Brewer Hill Cent May 8, 191 3
ri	led Jusy 8, 1913 Jmg Welch	29 UNDERTAKER ADDRESS
FI	REGISTRAR	Jas S. Jaylor. Sous Complete
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.
		- Per

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may he entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," dent; Revolver wound of head-homicide; Poisoned mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scotichae thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchonncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all discases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of ... (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 7 1918 THEAU, V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH 01.21	STATE OF MARYLAND
County Auce rendel	CERTIFICATE OF DEATH
Gounty Acceleration	3 / Badistration Diet No. 9
k. ,	Registration Dist. No.
Village or City Pescup D (No.	St.; Ward) [If death occurred in a hospital or institution,
	give its NAME instead
2 FULL NAME Stu Nortez	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, MIDOWED, MARRIED, MIDOWED, MIDOWED	16 DATE OF DEATH MAY 3/1913
male Colored (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, that I attended deceased from
VHA: 15° 1866	191 K to 100 1913
(Month) (Day (Year)	that I last saw h Ust alive on 1444 5 , 1913
⁷ AGE If LESS than	and that death occurred on the date stated above, at
1 dayhrs.	The CAUSE OF DEATH* was as follows:
8 OCCUPATION //	
(a) Trade, profession, or particular kind of work.	f ff
(b) General nature of Industry,	well mayer han
business, or establishment in which employed (or employer)	(Ouration) yrs mos / ds
9 BIRTHPLACE (State or country)	Contributory Curdece
(State or country)	Secondary
10 NAME OF	(Qoration) yrs mos ds
FATHER To record of	(Signed) , M. D.
11 BIRTHPLACE	12043 (, 191 3 (Address) Tewel ne
OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER A CLOSE 13 BIRTHPLACE OF FATHER (State or country)	
13 BIRTHPLACE	BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
OF MOTHER (State or country)	Af place in the of death yrs mos ds. Sfate yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted,
d. I de la	If not at place of death?
(Informant) The Marie Ma	usual residence
(Address) Rogerston Smil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Horsestour My Jun 37, 191 3
Filed mule 1 1913 I to 2 to ashila	26 UNDERTAKER ADDRESS
Zer Cal REGISTRAR	At teller an otegers town
If more blanks are needed, address State Regist	rar, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.

6121

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meuligitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory tetanus) may be stated under the head of Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back offectilicate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

PLACE OF DEATH anne arm	del 6122STATE OF MARYLAND
County Auropotis ond	CERTIFICATE OF DEATH Registration Dist. No. 2/
Village or City fanith hill (No.	St.; Ward) [It death occurred in a hospital or institution give its NAME instead
* FULL NAME Telliam Jan	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Single	16 DATE OF DEATH May 22, 191.3 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h an alive on Man 22 1913
7 AGE 2 Mos, mos, ds. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Keningilis
business, or establishment in which employed (or employer)	Gontributory (Ouration) yrs mos ds.
State or country) Kallin an om d	Secondary) Ouration) yrs
MA MARTHER Halle Melm	(Signed) Address) Analysis M. O.
Z OF FATHER (State or country) Bellimore and 12 Maiden Name OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or, Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) GEST Mive Ind	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mcs, ds.
(Interment) Ralter Geese (Interment)	Where was disease contracted, If not at place ot death? Former or usual residence
(Address) Someth will ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed may 23, 1913 memerlal	20 UNDERTAKER ADDRESS CILLED & C. M. S.A.
If more blanks are needed, address State Registran	

[Approved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is nection is very important, so that the relative lealthfulcated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Acation, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman," (g)

Statement of cause of death—Name, flist, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUTEPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant ocopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: For vio-



S. No.

state

SEX COLOR OR RACE COLOR OR RACE COLOR OR RACE CONTINUENCES CONDIVERCED CONDIVERCES OR DIVERCES OR DIVERCES (Write the word) 7 AGE 10 NAME OF TATHER COLOR OF TATHER (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country) 12 MAIOEN NAME OF COMMONTH OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE OGE (Informant). 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE OGE (Informant). 15 CAMBER OF STRUE TO THE BEST OF MY KNOWLE OGE (Informant). 16 LARGE OF MOTHER (State or country) 17 LA COLOR OR RACE MY KNOWLE OF THE WAS USED IN OR RECENT AT PLACE OF MOTHER (State or country). 18 LA COLOR OR RACE MY KNOWLE OGE (Informant). 19 PLACE OF FORMER OR STRUE TO THE BEST OF MY KNOWLE OGE (Informant). 10 NAME OF FORMER OR RECENT AT PLACE OF MOTHER (State or country). 10 LA COLOR OR RECENT AT PLACE OF MOTHER (STATE OF COUNTRY). 10 LA COLOR OR RECENT AT PLACE OF MOTHER (STATE OF COUNTRY). 10 LA COLOR OR RECENT AT PLACE OF MOTHER (STATE OF COUNTRY). 10 LA COLOR OR RECENT AT PLACE OF MOTHER (STATE OF COUNTRY). 11 BIRTHPLACE OF MOTHER (STATE OF COUNTRY). 11 BIRTHPLACE OF MOTHER (STATE OF COUNTRY). 12 MAIOEN NAME OF THE BEST OF MY KNOWLE OGE (Informant). 13 BIRTHPLACE OF MOTHER (STATE OF COUNTRY). 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE OGE (Informant). 14 LA COLOR OR RECENT AT THE MOTHER OF TH		PERSONAL AND STATISTIC	AL PARTICULA	RS	
SOCCUPATION ** (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **Soccupation ** (a) Trade, profession, or School - Girl (b) General nature of industry, business, or establishment in which employed (or employer) **Secondary **DATHER ** **State or country** **DIT ** **In BIRTHPLACE** (State or country) **In BIRTHPLACE** OF MOTHER ** **OF MOT	3 SE Her		5 SINGLE, MARRIED, WIDOWED, ORDIVORCED	right	16 DATE OF OE
**State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 12 MAIOEN NAME OF (State or country) 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE OGE (Address) 15 16 day, hrs. The CAUSE OF Pulls. 16 day, hrs. OR min.? 16 CAUSE OF Pulls. (Signed) (Signed) (Signed) *State of Country *Where was diseased if not at place of former or usual residence. 19 PLACE OF **Where was diseased if not at place of former or usual residence. 19 PLACE OF **Where Was diseased if not at place of former or usual residence. 19 PLACE OF **Where Was diseased if not at place of former or usual residence. 19 PLACE OF **Where Was diseased if not at place of former or usual residence. 19 PLACE OF	6 D	augu	ut- 10	1898	april 10 that I last saw h
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEGE (Address) 15 MAINTERINATION (Address)	7 AG		mos. 2 3 ds.	f day,hrs	and that death o
Signed	whic	n employed (or employer)	ud	•	Contributory (Secondary)
13 BIRTHPLACE OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE (Intermant) (Address) 15 20 11 12 MAIOEN NAME OF RECENT At place of death y Where was disea if not at place of Former or usual residence 19 PLACE OF Whath 20 11 20 20	2	FATHER Yesley C	ichard	son	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEGE (Informant) (Address)	AR	12 MAIOEN NAME	ryland		*State the D CAUSES, state TAL, SUICIDAL,
(Informant) Selver Richardson If not at place of Former or usual residence. (Address) Selver h MA 19 PLACE OF Mathe	п.	OF MOTHER h.	roland		OR RECENT RE
(Address) Wath		Helley Right	for my know	LEOGE	Where was disease If not at place of de Former or usual residence
		(Address) Sever n	I FILL	lada	Mathe

1 PLACE OF DEATH

6123

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

..St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

that I last saw h. alive on may I 1913. It LESS than 1 day, hrs. or mos. Z 3 ds. or min.? No. 100, or 5chool - Gil work. The CAUSE OF DEATH* was as follows: OF Ger of industry, labilishment in or employer) OF ER Visley Rehardson OF Country) N N NAME OF COUNTRY N N NAME OTHER TO THE BEST OF MY KNOWLE OGE THER TO COUNTRY PLACE OF THE TO THE BEST OF MY KNOWLE OGE Is TRUE TO THE BEST OF MY KNOWLE OGE Melley Richardson Solver M. M. I last saw h. L. alive on may I 1913. That I last saw h. L. alive on may I 1914. I last saw h. L. alive on the date stated above at 1910. I last saw h. L. alive on may I 1914. I last saw h. L. alive on may I 1914. I last saw h. L. alive on may I 1914. I last saw h. L. alive on may I 1914. I last saw h. L. alive on may I 1914. I last saw h. L. alive on may I 1914. I last saw h. L. alive on may I 1916. I last saw h. L. alive on may I 1916. I last saw h. L. alive on may I 1916. I last saw h. L. alive on may I 1914. I last saw h. L. alive on may I 1914. I last saw h. L. alive on may I 1916. I last saw h. L. al	ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Agrical (Day) (Year) It LESS than It day, hrs. or	Order of Wilder	(Month) (Day) (Year)
(Moghth) (Day) (Year) If LESS than and that death occurred on the date stated above, at P3P m fag, hrs, or mos. Z 3 ds. OR. min.? No. The CAUSE OF DEATH* was no follows: Contributory (Secondary) Contributory (Secondary) (Signed) PLACE OF HAMP PLACE THER TO COUNTRY) N. NAME OTHER TO COUNTRY) PLACE THER TO COUNTRY) PLACE THER TO COUNTRY THE CAUSE of DEATH * was not follows: THE CAUSE OF DEATH * was not follows:		
that I last saw her alive on may 1942 If LESS than and that death occurred on the date stated above, at 730 m and that death occurred on the date stated above, at 730 m and that death occurred on the date stated above, at 730 m The CAUSE OF DEATH* was as follows: Note of industry, tablishment in or employer) Contributory (Secondary) (Signed) (Signe		_ april 0 , 1918, to May 7 , 1918
If LESS than 1 day, hrs. or work. If CAUSE OF DEATH* was a follows: The CAUSE OF DEATH* was a follows:	the state of the s	that I last saw h. Com alive on may 2 ,1913
The CAUSE OF DEATH* was a follows: Manual		7
Sign, or School firl Work The of industry, Contributory (Secondary) (Signed) (Si	14 yrs. 8 mos. 2 3 ds. OR min.?	The CAUSE OF DEATH * was as follows:
Contributory (Secondary) Contributory (Seco	ion, or School-fire	1
Contributory (Secondary) Contributory (Secondary) (Duration) (Duration) (Signed) (Address) (Address) (Address) (Address) (Signed) (Signed) (Malans of Invitation in the of Reserving And (2) whether Accident	e of industry,	(Duration) was S mos — d
(Signed) (Address)	or employer)	
Signed) PLACE UTHER OF COUNTRY) N NAME OTHER PLACE THER TOT COUNTRY) PLACE THER TOT COUNTRY) PLACE THER TOT COUNTRY) E IS TRUE TO THE BEST/OF MY KNOWLEOGE Melley PLACE THER TOTOTHER TOTOT	herry) harrland	(Secondary)
State the Disease Causing Death, or, in deaths from Violent Causing State (1) Means of Injury; and (2) whether Accidentally Suicidal, or Homicidal. 16 Length of Residence for Hospitals. Institutions, Transients or Recent Residents) At place in the of death yrs. mos. ds. State yrs, mo	of Hesly Cichardson	(Signed) (Signed) M.
State the Disease Causing Death, or, in deaths from Violent Causing State (1) Means of Injury; and (2) whether Accidentally Suicidal, or Homicidal. 16 Length of Residence for Hospitals. Institutions, Transients or Recent Residents) At place in the of death yrs. mos. ds. State yrs, mo		1913. (Address)
TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS) AT place of death yrs. mos. ds. State yrs. mos. d Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL When the state of the state	or country) haryland	*State the DISEASE CAUSING DWATH or in door he from Warn
PLACE PHACE		TAL, SUICIDAL, OF HOMICIDAL.
At place of death yrs. mos. ds. State yrs, mos	hancy frown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
Where was disease contracted, if not at place of death? Former or usual residence 19 place of Burial or Removal Oate of Burial Way 4 1913 20 undertaker Appress	THER h. \	At place in the
Sever Maler Michardson Sever Maler Maler of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL Wathadona May 4 ,1913 20 UNDERTAKER Appress		
Sever n Ind usual residence 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL Wathedona Way 4 ,1913 20 UNDERTAKER A OPRESS	M. Plan D. 1 - 1 - 1 /4	If not at place of death?
3 19 place of Burial OR REMOVAL OATE OF BURIAL May 4 1913. 3 1913 L H. P. Hashup 20 UNDERTAKER AOPRESS	Jessey Junorason	
3 In 1913 L H. D. Hashifa Wathedona May 4 1913 20 UNDERTAKER APPRESS	Severa ma	19-11-11
3 1913 L + asluft 20 UNDERTAKER AODRESS	7	
A Bridge H along of Wh.	3 m 191 2 L H. E. Hashula	100
	Leal REGISTRAR	Fisher & Phair Source med

[Approved by U. S. Census and American Public Health

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons 6

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercurospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demonda"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "l'unemeral septichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerpeeal peritonitis," etc. State cause for "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of Bronchopncumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," Traemia," "Weakness," (name origin; "Can-Examples:



1 PLACE OF DEATH

County & a Co	CERTIFICATE OF DEATH
County	Registration Dist. No. 24
Village or City Curtis Bay (No. 9,	Cherry St.; Ward) If death occurred is a hospifal or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 L. HEREBY CERTIFY. That I attended decodes from
8 DATE OF BIRTH 23 (Month) (Day) (Year)	that I last saw h was alive on May 28 1913
7 AGE If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 130 mm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Lobar Treumonia
business, or establishment in which amployed (or amployer)	(Duraflon) Uniterior mos ds
(State or country) Curtiz Bay a.a.Co	Contributory (Secondary) (Duration) yrs mos ds
on Jarther John de	(Signed) (Signed) (Signed) (Signed) (Signed) (M. D. M.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Lown Schnodt (Father)	Where was disease contracted, if not at place of death? Former or usual residence
(Address) 9 Cherry 2t.	Holly Goss Cemetery may 31, 1913
Filed May 30, 7913 Jf D A HOTTON MS REGISTRAN If more hianks are needed, address State Regis tran, 6	armstrong Denny Co 715 light at

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essart to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative lealthful-Housewife, Housework, or At Home, and children, not (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purreman scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile." etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthonia," "Anaemia" (morely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. ture of the American Medical Association.) Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails The contributory "Old Age," "Shock." (Recommendations on statement of may be stated under the head (secondary or intercurrent) 'Tracmia," "Weakness," (name origin; "Can-Never report Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A FOR RESERVED MARGIN N. B.

PLACE OF DEATH

PLACE OF DEATH 6125	STATE OF MARYLAND
County a a co	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Assurabolis (No. 111 m	give its NAME instead
* FULL NAME Josephine Sh	annumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, married on one of the word)	16 DATE OF DEATH May (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH Suly 1945 (Month) (Day) (Year)	March 11, 191, 3, to May 12, 1913, that I last saw here alive on May 1, 191, 3
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at \$30 A m, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	diema
(b) General nature of industry, business, or establishment in Souse wife, which employed (or employer)	(Duration) yrs mos fis.
State or country) haryland	(Secondary) (Duration) (Duration) (Duration) (Duration)
10 NAME OF FATHER Colmon Brazer	(Signed) Walton H Hoyle, M. D.
11 BIRTHPLACE OFFATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Clizebuth Hubbard 13 BIRTHPLACE OF MOTHER (State or country) Manne and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) M M S Narmon	Former or usual residence
(Address) Umafalia Tud	It ames Cent Date of Burial May 14, 1913
Filed May 14, 1913 Ams Welch REGISTRAR	Jas J. Lay lor Jour annafsolis
If more blanks are needed, address State Registra	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) sepsis, tetanus) The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V. S.

N. B. No. 1.

PHYSICIANS should state	t of OCCUPATION is very	
N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	Important. See instructions on back of certificate.

PLACE OF DEATH 6126	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County MML Mundel	26
11/1/11	Registered No
Village or City Muchlon (No.	St; Ward) [If death occurred is a hospital or lostitution, give its NAME lostead
FULL NAME John Smat	hus of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Serv 4 COLOR OR PACE 5 SINGLE,	16 DATE OF DEATH May 28 1913
Male Pol. MARRIED, WIDOWED, Ordover (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	May 22, 1913, to May 23, 1915,
(Month) (Day) (Year)	that I last saw harm allve on Drug 29 , 1913.
7 AGE If LESS than	and that desth occurred on the date stated above, at 7.314m,
70 yrs. mos. ds. OR min.?	The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work Jongsung Dyslins	Bright's Siscore Chronics
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) Asseknamen ds.
9 BIRTHPLACE (State or country) Marland	Contributory (Secondary) (Deration) yrs mos ds.
10 NAME OF FATHER Undergown Smothers	(Signed) Les T Seyt, J. D.
O 11 BIRTHPLACE	May 29, 1913. (Address) Dhun efilon MA
OFFATHER (State or country) Unknown	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
a Darah Imomus	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) And.	At place of death yrs mos ds, State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Ben Sunthers	Former or usual residence
(Address) Churchton, Mil	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
Filed May 28, 191 Ges T Sent Schult beategistran	Deale Cemelery May 30, 1813. 20 UNDERTAKER COOR Sudley
	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman,"

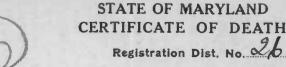
Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dumumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Coilapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exoma. Sarcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For vio-



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PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT AGE should be stated EXACTLY. carefully supplied. that it may be certificate. Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of 1 PLACE OF DEATH



lif death occurred in

V	FULL NAME Steel Born Ct	give its NAME instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	ATE OF BIRTH (Month) (Day) 4 COLOR OR RACE MARRIED, WIDWED, WIDWED	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 that I fast saw h
TA	The Booms ds. OR min.?	and that death occurred on the date stated above, at
PARENTS (q) and (d) an	10 NAME OF FATHER COUNTRY) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER (State or country) 13 BIRTHPLACE (State or country) 14 BIRTHPLACE (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MAIDEN NAME OF MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 MAIDEN NAME OF MOTHER (State or country) 19 MAIDEN NAME OF MOTHER (State or country) 10 MAIDEN NAME OF MOTHER (State or country) 11 MAIDEN NAME OF MOTHER (State or country)	(Signed) (Signe
15 FI	(Address) 1ed May 17, 1913 Atterrie 20eal, REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Walker Object 20 UNDERTAKER ADDRESS ADDRESS
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of IIIof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement. who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, Irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative kealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman." If the occupation has Farmer or Planter, As examples: For persons

> childbirth or miscarriage, as "Purrement scotichacgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marassuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Tueeperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin; "Can-Examples:



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PHYSICIANS

RECORD

PLACE OF DEATH STATE OF MARYLAND 6128CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in Village or CityWard) (No..... a hospital or Institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SaINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) (Year) Write the word) I HERCBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at day,hrs. The CAUSE OF DEATH * was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) (Deration) 10 NAME OF FATHER 11 BIRTHPLACE Z OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT ARE CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTA 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. .. State Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?. Former or usual residence DATE OF BURIAL (Address) 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.). Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," udgualified, is indefinite); Tubercubosts of lungs, meninges, peritonacum, etc.. Carcinossis of lungs, meninges, peritonacum, etc..

ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhanstion," Examples: For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

County Q Q	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/
Village or City Unitapolis (No. Col. *FULL NAME Caroline	laye (live st.; 2 Ward) Strange [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Jemale White Single, Midow on Divorce (Write the word)	16 DATE OF DEATH May 30, 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	Moy 20 , 1913, to Moy 29 , 1913 that I last saw h La alive on May 24 , 1913
TAGE 95 yrs. mos. 29 ds. or. min.? 6 occupation (a) Trade, profession, or particular kind of work. (b) General nature of industry,	and that death occurred on the date stated above, at 4 0 m The GAUSE OF DEATH* was as follows: Exhaustives due to secretify
business, or establishment in for Sonce Alaus which employed (or employer) BIRTHPLACE (State or country) C.	Contributory (Secondary) (Duration) yrs mos ds
10 NAME OF FATHER Joseph Welson 11 BIRTHPLACE (State or country) M. C.	(Signed) A Cleuseux Cacade , M. D. May 31 , 191 3 (Address) 9 9 4 40 cm *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Muknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
(Informant) Mrs Predolph Garser	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Charafootis My 16 Filed May 31, 1913 Am & Melch REGISTRAR	19 PLACE OF BURIAL OR REMOVAL ATE OF BURIAL TUNE 1, 191. 3 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purserran septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Mcastes (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. nent neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mail oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH 6130	STATE OF MARYLAND
0-0-11	CERTIFICATE OF DEATH
County C	Registration Dist. No. 2/
Village or City Currofistis (No.)	St.; 3 Ward) [If death occurred in a hospital or institution, give its NAME instead
* PULL NAME Julus albert	Thompson. of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. Color or RACE Single, MARRIED, WISOMED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decreased from
8 DATE OF BIRTH October (Day) (Year)	1 Mars / (100) 3 10 1/10, 9/00 1013
7 AGE If LESS than	and that death occurred on the date stated above, at
	The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or	Gastro-Enteridis
particular kind of work	
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Amarundel Com	(Secondary) (Deration)
10 NAME OF Julus Thompson.	(Signed) John Ridons, N. D.
OF FATHER	May 32, 797 3 (Address) Thurapplus
11 BIRTHPLACE (State or country) a - a - c mdc	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Many Brown. 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant) Inlus Thompson	If not at place of death?
Page H-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	ml = Calvery Cent- 5. 23. , 1913
Filed May 22, 1913 Ams Welch RECISTRAR	EHB Tarken & Son 92 WEST ST
	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
w //	

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indicausing death, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If the occupation has Farmer or Planter, For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUTEPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: ture of the American Medicai Association.) "Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. -Hart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convuisions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ment neopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mally oma. Surcoma. etc., of _ mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING UNFADING INK-THIS IS FOR RESERVED WRITE PLAINLY, WITH MARGIN 00

County anne arundel.	CERTIFICATE OF DEATH
ovality	Registration Dist, No. 2/
Village or City 3º4 Shotred (No	St.; Ward) [if death occurred in a hospital or institution,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colored Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH May (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Mot. 14, 1912 (Month) (Day) (Year)	
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at b. a. m. The GAUSE OF DEATH* was as follows: Signed by The register, no pay recon in otherclesses.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Harshall Leller, (Address) Close of May 16 1913 James & Bellengeleg REGISTRAR	(Duration) yrs. Z mos. ds. Contributory Preumonus (Secondary) (Boration) yrs. Mes. 4 ds. (Signed) Annus & Bullingsley M. D. May 16, 1913. (Address) Elsales M. D. *State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL May 17, 1912. 20 UN DERTAKER ADDRESS Mo andula 16/64
REGISTRAR	r, C E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

6131

PLACE OF DEATH

[Approved by U. 8. Census and American Public Health Association.]

* material worked on may form part of the second "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death of cause of death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosts of lungs, meninges, pertionaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples:



	CE OF DEATH	6132	./.	STATE OF A		
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Village or City 3d Election During			110.	Regi: St;W	vard) [If death a hospital or give its NA ni street and	ME Instea
² FULI	NAME M	munus.			00 000 00 000 000	-
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICAT	E OF DEATH		
3 SEX	4 COLOR OR RACI	MARRIED, Muly	16 DATE OF DE	EATH MURNORVE	<i>•</i>	191
male	White	(Write the word)	17	I HEREBY CERTIFY, TI		(Year)
6 DATE OF BIRTH (Whenvy)			, 181 to			
	(Mont)	n) (Day) (Yea	that I lest saw	halive		, 191
(a) Trade, profession particular kind of we (b) General nature or business, or establishments, which employed (or establishments) BIRTHPLACE (State or country)	occupation grown man. (a) Trade, profession or particular kind of work which employed (or employer) BIRTHPLACE (State or country) bulknown			Contributory (Secondary) Chair Sy phonon on the Contributory (Secondary) (Duration) yrs. mos.		d
V 11 BIRTHPL OFFATH (State or c	NAME /		CAUSES, State	, 1913 (Address) Luc DISEASE CAUSING DEATH, (1) MEANS OF INJURY;	or, in deaths from and (2) whether A	VIOLENT CCIDEN
of MOTHER Whitesta 13 BIRTHPLACE OF MOTHER (State or country) where the Above is true to the best of My knowledge		18 LENGTH OF OR RECENT RI At place of death yrs. Where was disease	RESIDENCE (FOR HOSPIT ESIDENTS) In 11 			
Informant, A. C. Schmot fred the newant		usual residence				
(Address)	noctore.	le a E kwe	Farm of a	C. Schendy.	May 12 -	IIAL , 191 8
15	/	11	20 UNDERTAKE			191 0

FOR BINDING

MARGIN RESERVED

. T. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciuniterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not minc, etc. staffement. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman."

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinologies

childbirth or miscarriage, as "Purrerran septicharture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." "Uraemia," "Weakness." "Tleart failure." "Haemorrhage," "Inanition," "Maras. genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla." "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interatitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion." (Recommendations on statement of etc. State cause for (name origin: "Can Examples:



PERMANENT RECORD BINDING 4 IS FOR THIS PLAINLY, WITH UNFADING INK-RESERVED MARGIN WRITE

> No. .

state	Very	-
pinous	TION IS	
N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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stated E	Exact	
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AGE 8	properly	
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-Every	CAUSE	Import
Z Z		

(a) Trade, profession, or

particular kind of work. (b) General nature of industry, business, or establishment in

10 NAME OF

PARENT

11 BIRTHPLACE

13 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

which employed (or employer)

State or country) Wikhnow

OF MOTHER (State or country)

(Address) Po. Shahie il a Ca had R. 7. B.

And a strict of the strict of	
Villago or Gity 3. Lechen brillings *FULL NAME Unknessen While	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2/ St; Ward) St; Ward) St; Ward) St; Ward a hospital or give its MAN of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male While Single, Inf. MARRIED, WIDOWED, OR OIVORCED (Write the word)	16 DATE OF DEATH MUMNING (Month) (Day)
8 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended decease 191 to 191 that I last saw h alive on
TAGE (about) 3 0 To a mos. Soccupation So	and that death occurred on the date stated above, at

Muknery,

THEREST CERTIFI, THE	ti attended deceased from
, 191, to	, 191
that I last saw h alive on	, 191
and that death occurred on the date state	
The CAUSE OF DEATH * was as follows:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Thought to he a victer of the	
on other of hory such on would be	write 1- Box a
water a long have From a	peachers might
has him hiller forfrom	naching lede
Contributory	.6
(Secondary)	***************************************
	yrsmosd
(Signed) Mahrelle-S. De	culab St
may 10 , 1913 (Address) Short	
State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	r, in deaths from VIOLENT nd (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITAL	e Incompanie Tours
OR RECENT RESIDENTS) At place in the	o. Hotel Olons, IRANSIENTS
	yrs mos ds
Where was disease contracted,	, History
It not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
4.6. Smith & Janus of minks	May 10 - 1012
20 UNDERTAKER	, 191.3
My mordsky	ADDRESS
· FI . 140 417 4 4 414 .	

Ilf death occurred in a hospital or institution,

give its NAME instead of street and number. 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto:, Requesting V. S. No. 1.

OF MY KNOWLEDGE

[Approved by U. S. Census and American Public Health Association.]

· Grocery; (a) Foreman, (b) Automobile factory. of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthfuibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, it should he used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can he known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the dibrare Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopucumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage, as "Pursperal septicharetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 cer" is less definite; avoid use of "Tumor" for mails cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver scound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marus. "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Heasles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) "PUERPERAL peritonitis," tetanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin: "Can "Exhaustion," Examples: FOF VIO-



15

(Address)

Co	PLACE OF DEATH 6134 unty Crune Crundel 186	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 26
Vii	lage or City (No.	a noahttat at mantanti
	FULL NAME / Lukerion	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Male White MARRIED, Unknown	(Month) (Day (Year)
8 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h alive on , 191
7 A	(and that death occurred on the date atated above, at
(a	OCCUPATION) Trade, profession, or tricular kind of work Clukuoun	luknom
bus) General nature of Industry, siness, or establishmant in lich amployed (or employer)	(Ouration) yrs mos d
98	(State or country)	Gontributory
	10 NAME OF FATHER Unknown	(Signed) (Quration) yrs mos d
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Unknown	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLEN
PAR	12 MAIDEN NAME OF MOTHER (Lukum)	*State the DISEASE CAUSING DEATH, OF, II deaths from VIOLEN CAUSES, State (1) MEANS OF INJURY; and (2) whether AccideN TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS) OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place in the of death yrs. mos. ds. State yrs. mos. d
	(Informant)	Where was disease contracted, if not at place of death? Former or usual residence. Where was disease contracted, Lukurur

OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

SCAL REGISTRAR

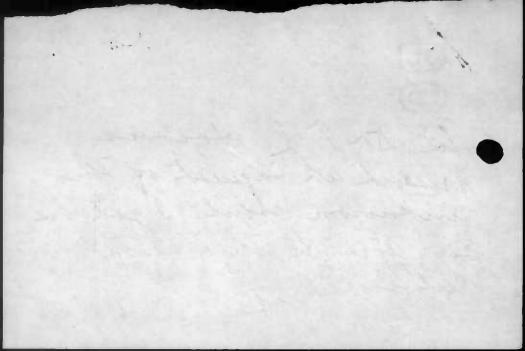
[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or Al home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUEBPERAL perilonitis," etc. childbirth or miscarriage as "Puerperal seplichaecause. Always chalify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrilis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, telanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deal; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Mcasics (disease causing death), 29 "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of State cause for

Me St. F. C. Howard present wh inquest of This signature to This death Certificale Geo J. Druck M.S.



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 IS FOR INK-THIS RESERVED WRITE PLAINLY, WITH UNFADING MARGIN T. S. No. 1.

N. B.-

Village or City SX Margrets (No.	CERTIFICATE OF DEATH Registration Dist. No. 2 St.; Ward) St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jense Golor or RACE Single, MARRIEO, WIDOWED, WIDOWED, Widowed (Write the word)	16 DATE OF DEATH Mg (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	1913, to 29, 1912, that I last saw he alive on My 29, 1915
TAGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at m, The GAUSE OF DEATH * was as follows: Death Death
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary) (Duration) yrs. mos. / 6 ds.
10 NAME OF FATHER Thomas Jones 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF TOWN OF MOTHER OTHER	(Signed) R. B. M. D. May 3, 1913 (Address) 2 - Oulow *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Colhert Country	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death yrs, mos ds. State yrs, mos ds. Where was disease contracted,
(Informant) Martha Llamas (Address) St Maryuto	If not at place of death? Fermer or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 8/1/3 Jones Melch REGISTRAR	Broadwick Cureting June 124, 191.3 20 UNDERTAKER ADDRESS Samuel allers 32.71, WSF

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. stutement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the dibease causino death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

affection need not be stated unless important. injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenitai," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 cs. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... The contributory (secondary or intercurrent tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can State cause for or as probably tely. Examples: "Exhaustion," Never report



So. 02

N.B.

	PLAGE OF DEATH	STATE OF MARY	LAND
	\mathcal{A} \mathcal{A} \cdot 6136	CERTIFICATE OF	DEATH
C	ounty	Registration Dist.	No 241
	1 4 Back Pin	1117	
. V	illage or City South. Balto (No. Super,	and /ennig/O4 St; Ward)	a hospifai or institution
	11/2 0 00 10.	(, (,	give its NAME instea
	FULL NAME WANTE W	Jawrows In	of street and numbar.]
			~ ~ 1
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH (
3 S E	X 4 COLOR OR RACE 5 SINGLE, Sury lo	16 DATE OF DEATH May	265.3
r	WIDOWED,	(Morris)	(Day) (Year)
	ORDIVORCED (Write the word)	17 I HEREET CERTIFY, That I att	ended decement from
8 D	ATE OF BIRTH	may 26 1913 to may	126 1913
	November 14", 1912	that I last law him allve on mount	3680
_	(Month) (Day) (Year)	V	1913
7 AC	If LESS than 1 day,hrs.	and that death occurred on the date stated about	ve, at 2P, m
		The CAUSE OF DEATH * was as follows:	
8 0	CCUPATION		
(a)	Trade, profession, or	mono Treumo	ma
	General nature of industry,		
bus	ness, or establishmant in	(Duration)	moe to
	ch employed (or employer)		
9 BIRTHPLACE (State or country)		(Secondary)	
	Time Amuse to MIT	(Dugation)	yrsmosds
	10 NAME OF A LACTAL AND	(Signed) The 1/3, Horter	>^
S	Thomas Workson	May 19180 - So Rolling	nore Eta
-	OFFATHER IN A P P 1 ' A CL	(Address)	ris lav Ma
Ī	(State or country) Shall you was Amba	*State the DISHASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2	eaths from VIOLENT
PAREN	12 MAIDEN NAME OF MOTHER A A LA LA	TAL, SUICIDAL, OF HUMICIDAL.	
Q.	The amount	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS. OR RECENT RESIDENTS)	TITUTIONS, TRANSIENTS
	OF MOTHER	At blace In the	
1.4	(State or country)	of death yrs mos ds. State	yrs, mos ds
177	HE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE	If not at place of death?	· · · · · · · · · · · · · · · · · · ·
	(Informant), the rawrowski,	Former or usual rasidenca	
	Courtes Bay	164	
	(Address) white of the dimming in while	nd Harden HEMOVAL	ATE OF BURIAL
15	mainle Has Batter	20 UN DERDAKER	1 uf a / 1913
Fil		POUT DERTAKER	PRESS
	REGISTRAR 1 /	1 agowski 16	11 Caspern
	It more bianks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.	2/1/2

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscip

cbildbirth or miscarriage. as "PUERPERAL schtichae. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," oma. Sarcoma. etc., of __ ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acct such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstital nephritis nant neopiasms); Measles; Whooping cough; Chrowin is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds. "Senile." etc.), may be stated under the head of (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can "Exhaustion," Never report Examples:



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

RECORD

PERMANENT

4

UNFADING INK-THIS IS

stated

carefully supplied. AGE should be so that it may be properly classified.

DEATH in plain terms, so See instructions on back of

-Every Item CAUSE OF important.

ż

should

WITH S. No. 1.

1 PLACE OF DEATH Anne Armorl

6140

(No.....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.... .Ward)

[if death occurred in a hospital or Institution, give its NAME Instead of street and number.]

FULL NAME James W. Way	1300
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
900. 18 1912 (Month) (Day (Year)	that I last saw h (Ass. alive on April 2) 1913,
Tage D yrs 5 mos // ds. lif LESS than 1 day,hrs. or min.?	and that death occurred on the date stated above, at 6 130 P, m, The CAUSE OF DEATH* was as follows: orghnilal and the stated above, at 6 130 P, m,
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. 5 mos. 17 ds. Contributory Secondary
10 NAME OF FATHER James W. Woyson 11 BIRTHPLACE OF FAVHER (State or country) 12 MAINTER 12 MAINTER OF MOTHER OTHER O	(Signed) (Doration) yrs mos ds. (Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) James W. Woyson (Address) Pristal, Md.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS
Filed 1910 , 1910 PREGISTRAR	Wiloh Brital M

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no oecupation whatever, write None. eated thus: "Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state ocenpation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria lesis of lungs, meninges, peritonaeum, etc., term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to "Cronp";) ("Pneumonia," Statement of cause of death-Name, first, the DISEASE (the only definite synonym is Typhoid unqualified, is indefinite): Tubercufover (never report "Typhoid "Epidemic cere-(avold use

> ture of the American Medical Association.) "Contributory." mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caneanse of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head Accidental drowning; Struck by railray train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ete., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia is less definite; avoid use of "Thmor" for mally The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (seeondary), 10 ds. The nature of the "Exhaustion," Never report



S. No. 1.

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	1 PLACE OF DEATH	6137
	age or City Jessup	(No
	2FULL NAME	Mhil
	PERSONAL AND STATISTICAL PA	RTICULARS
3 51	MARR WIDOW	IED,
8 D/	ATE OF BIRTH	19,19
TAG	(Month)	(Day (Yes 1 day,ds. ORds.
(a) pai (b) bus whi	CCUPATION Trade, profession, or ticular kind of work	
	10 NAME OF FATHER	Maryla
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	sland
PAR	12 MAIDEN NAME Mary Chi	asles ton
14 -	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY	y land
•	Informant) Chas White	KNOWLEDGE
15	(Address) Jessup,	Mg
File	May 20 th 3 L. H. C	E. Hasli REGISTA

STATE OF MARYLAND CERTIFICATE OF DEATH

.St.;.....Ward)

Registration Dist. No...

If death occurred in

NAME White	(Still born) give its NAME instead of street and number.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVERSED	16 DATE OF DEATH (Month) (Day (Year)
Muy 19 19 (Year) (Month) (Day (Year)	I HEREBY CERTIFY, That I attended deceased from 19, 1913, to 101, 1913, to 101, 101, 101, 101, 101, 101, 101, 101
yrs	The CAUSE OF DEATH* was as follows:
istry, nt in yer)	Gontributory Selayed delivery Caused by Secondary
Charles White	(Signed) (Address) Lessif M. B. (May 20 , 1913 (Address) Lessif M. B.
AE Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF LAJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
intry) Mary land	or Recent Residents) At place In the of death
has White	If not at place of death? Former or usual residence.
List 3 J. H. E. Haship	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLAY 20 191 3 ADDRESS MACHINE TO THE PLAN STATE OF BURIAL MACHIN
If more blanks are needed, address State Province	rar, & E. Franklin St., Balto., Requesting V. S. No. 1.
and modern, wearens plate itegist	ran, v E. Frankin St., Ballo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursults can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 drs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritondeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated nnless important. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichue "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marusture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations ou statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanent; filed.

JUN 8 1913 BUREAU, V.S.

AUG 1 1913
BUREAU. V.S.

Resert

Very 6138 CERTIFICATE OF DEATH should FION IS County... PHYSICIANS shou Registration Dist. No fit death occurred in St.:....Ward) a hospital or institution. RECORD give its. NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, BINDING (Month) (Dav) (Write the word) I HEREBY CERTIFY. That I attended deceased from Exact 6 DATE OF BIRTH ciassified. (Month) (Day) (Year) pe If LESS than 7 AGE and that death occurred on the date stated above, at... should C 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 properly 6 OCCUPATION (a) Trade, protession, or ESERVED INK particular kind of work... (b) General nature of industry. supplied be business, or establishment in DING may which employed (or employer) Contributory..... certificate. 9 BIRTHPLACE (Secondary) (State or country) that it 10 NAME OF FATHER 80 of ARGIN pe terms, on back 11 BIRTHPLACE ENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Acciden-00 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions information 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ___ mos. ___ ds. DEATH State yrs, ____ mos. ... Where was disease contracted. WRITE See It not at place of death?. Former or Item OF usual residence mportant. Every Ite PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ., 191.0 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health Association.]

statement. . material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

dent; Revolver wound of head-homicide; Poisoned childbirth or miscarriage, as "Purrerral septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness, ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for -Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Never report Examples: FOF VIO-



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PHYSICIANS

RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in ----Ward) a hospital or institution. give its NAME lostead of street and number. T MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 3 SEX MARRIED. WIDOWED. (Day) ORDIVORCED Write the word) That I attended deceased from 8 DATE OF BIRTH (Day) (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country yrs. mos. State Where was disease contracted. If oot at place of death? usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

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